



Statement by Police Service official to whom death was reported (iro a death claim)

Name of Policyholder: _____ Code _____

Name of participating employer or branch _____

Important Notes: The form must be completed by SAP in the case of death due to an accident.

All references to insured will mean either employee or fund member.

Please return the completed form (and supporting documents) to:

Address: The Manager	Telephone number: (021) 947 1810
Sanlam Corporate: Group Risk Death Claims (7408)	Fax number: (021) 947 1288
PO Box 1	E-mail address: sgrdeathclaims@sanlam.co.za
7532 Sanlamhof	

A Particulars of deceased insured

Full names and surname: _____

Date of birth: _____ (dd/mm/ccyy) Gender: Male ☐ Female ☐

Date of death: _____ (dd/mm/ccyy) Case reference number _____

B Details of the death

- Was the deceased involved in a motor *vehicle/motorcycle accident*? Yes ☐ No ☐
 - If "Yes", was the deceased: the driver ☐ a passenger ☐ a pedestrian ☐
 - If the driver, did the deceased had a valid driver's licence? Yes ☐ No ☐
 - Was an alcohol test performed? Yes ☐ No ☐
 - What kind of fluid sample was taken? Blood ☐ Ophthalmic ☐
 - What was the result of this test? _____

Please note: If the person was killed in a motor vehicle accident, the **traffic accident report**, sketch plan and key to the sketch plan must be attached to the form.

- Was the deceased involved in an *assault*? Yes ☐ No ☐ If "Yes", please answer the following:
 - Did it occur during the performance of his/her duties? Yes ☐ No ☐
 - Was the deceased a spectator? Yes ☐ No ☐
 - Was the deceased the aggressor? Yes ☐ No ☐
- Was the deceased involved in a shooting accident? Yes ☐ No ☐
 - Did the deceased take his/her own life intentionally or did a shooting accident occur? _____
 - Is anyone being held responsible for the accident? Yes ☐ No ☐
- Have any person been *prosecuted or are they to be prosecuted*? Yes ☐ No ☐
 - What was/is the charge? _____
 - Full names and surname of person who is to be prosecuted: _____
 - Relationship between accused and deceased? _____
 - The date of the trial: _____ (dd/mm/ccyy)
 - Number and reference of the trial: _____
 - If sentence has been passed, what was the verdict? _____

5. Has an inquest been held or must it still take place? Yes ☐ No ☐

Date of inquest: _____ (dd/mm/ccyy)

Number and reference of inquest: _____

Please note: If already held, please attach all the statements and plans that were submitted, to this form.

6. Give a brief description of the circumstances which resulted in the death.

Please note: Attach autopsy report.

C Disclaimer

Protection of Personal information

Why Personal Information is required: Sanlam Life Insurance Limited ("Sanlam Life"), a subsidiary of Sanlam Limited, will process and protect your personal information as required by relevant laws and the Constitution of the Republic of South Africa ("RSA"). The personal information requested in this form, which may include special personal information is being collected and will be processed for the following purposes:

- underwriting and providing accurate and effective insurance cover and related value-added services;
- member communication;
- market research and statistical analysis;
- verification of the personal information provided;
- to comply with all legal and regulatory requirements, including applicable codes of conduct;
- to protect Sanlam Life's interests; and
- any purposes related to the above.

Failure to provide the mandatory information will prejudice your insurance cover.

Changing and correcting Personal Information: You have the right to:

- Request a copy of your personal information as processed by Sanlam Life;
- Ask for an update and/or correction of your personal information;
- Lodge a complaint with the Information Regulator.

Sanlam Life may charge an administrative fee subject to prior notice of any such cost before executing the request for a copy of your personal information.

Other parties that may receive the Personal Information:

- We may share your personal information within Sanlam Limited and/or with other service providers where required for any of the purposes listed above, or with third parties where Sanlam Life is lawfully required to do so.
- We may send your personal information to service providers outside the RSA for storage or further processing on Sanlam Life's behalf. We will however not send your information to a country that does not have information protection legislation similar to that of the RSA, unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of personal information in accordance with the Protection of Personal Information Act, 2013.

For more information, please refer to the [Sanlam Group Privacy Notice](#).

Particulars of investigating officer

Name and surname _____

Telephone number (work) _____ (Fax (w)) _____ Cell _____

Signature _____

Date _____ (dd/mm/ccyy)

Place _____

Official stamp of Police Service (Compulsory)